

EXHIBIT C

Month	Day	Year	Time (24 hrs)	Address of Occurrence	APT #	Precinct/Offcry CTV	Aided # (NYC)	Complaint #
Jul 17	13	0754	99 Union Ave (60)	Case 7.13-CV-08315-NSR Document 74-4 Filed 08/13/15 Page 2 of 5 3091-13				

Month	Day	Year	Age	Male/Female
Jul 17	13	0754	How can we safely contact you? (e.g. Name, Phone)	Officer-Initiated <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-In

Name (Last, First, M.I.) / (include aliases)	Phone	DOB	Month	Day	Year	Age	Male/Female
Losenbaum, Felicia	(757) 434 9699	83707	8	07	65	48	Female

Street & City	APT #	Zip	If non-English, language:
411 Lake Shore Dr, Portsmouth VA			<input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other:

Injured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Removed to Hospital? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, what hospital?	<input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other: Unknown	Notes (e.g. special needs, disability, request):
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Describe:	Name (Last, First, M.I.) / (include aliases)	Phone	DOB	Month	Day	Year	Age	Male/Female
	Williams, Llewellyn	(914) 632 9008	10801	8	27	64	44	Female

Street & City	APT #	Zip	If non-English, language:
99 Union Ave			<input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other:

Injured? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Removed to Hospital? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, what hospital?	<input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other: Unknown	Prior DV History? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Describe:	SUSPECT/P2 present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LIVING SITUATION Do parties currently live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF NO, have they lived together in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do the parties have a child-in-common? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RELATIONSHIP: (SUSPECT / P2 to VICTIM / P1) <input type="checkbox"/> Married <input type="checkbox"/> Formerly Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Former Intimate/Dating <input type="checkbox"/> Child of victim/party <input type="checkbox"/> Parent of victim/party <input type="checkbox"/> Relative: Brother <input type="checkbox"/> Other:	Prior DV police report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: Access to weapons? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drug/Alcohol history? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suicide threat history? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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1. Name of Suspect / Offender	Phone	DOB	Month	Day	Year	Relationship to victim / P1
2.						
3.						

<input type="checkbox"/> Blowing	<input type="checkbox"/> Impaired Alcohol/Drugs	<input type="checkbox"/> Pushing	<input type="checkbox"/> Threw Items	<input type="checkbox"/> Threats: (specify)	<input type="checkbox"/> Threat with weapon
<input type="checkbox"/> Destroyed Property (Estimated \$ _____)	<input type="checkbox"/> Injury to Child	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Unwanted Contact	<input type="checkbox"/> Injure/Kill Persons	<input type="checkbox"/> Weapons used: (specify)
<input type="checkbox"/> Forced Entry	<input type="checkbox"/> Injury to Other Persons	<input type="checkbox"/> Shooting	<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Injure/Kill Self	<input type="checkbox"/> Blunt Object
<input type="checkbox"/> Forcible Restraint	<input type="checkbox"/> Injury to Pet/Animal	<input type="checkbox"/> Slapping	<input type="checkbox"/> Violated Visitation/Custody Conditions	<input type="checkbox"/> Injure/Kill Pet/Animal	<input type="checkbox"/> Gun
<input type="checkbox"/> Hair Pulling	<input type="checkbox"/> Interference with Phone	<input type="checkbox"/> Slamming Body	<input type="checkbox"/> Stabbing	<input type="checkbox"/> Take Child	<input type="checkbox"/> Motor Vehicle
<input type="checkbox"/> Homicide	<input type="checkbox"/> Intimidation/Coercion	<input type="checkbox"/> Strangulation/"Choking"	<input type="checkbox"/> Suicide or Attempt	<input type="checkbox"/> Destroy/Take Property	<input type="checkbox"/> Sharp Instrument
	<input type="checkbox"/> Kicking			<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
	<input type="checkbox"/> Punching				

Arrest Made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reasons arrest not made on-scene: <input type="checkbox"/> No Offense Committed <input type="checkbox"/> No Probable Cause <input type="checkbox"/> Suspect Off-Scene <input type="checkbox"/> Warrant/Criminal Summons to be requested <input type="checkbox"/> Violation level: not in police presence (no citizen's arrest) <input type="checkbox"/> Other:
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Offenses	Law (e.g. PL)	Section (Sub)	Offenses Involved: (check all that apply)
1.			<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Violation <input type="checkbox"/> Other (Specify):
2.			<input type="checkbox"/> Registry Checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> OP Court Name: _____
3.			<input type="checkbox"/> Order of Protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Family <input type="checkbox"/> Criminal <input type="checkbox"/> Supreme <input type="checkbox"/> Stay Away Order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Out of State <input type="checkbox"/> Tribal <input type="checkbox"/> Order Violated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Expiration Date _____ <input type="checkbox"/> Any PRIOR orders? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Month _____ <input type="checkbox"/> Day _____ <input type="checkbox"/> Year _____

Photos Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, photos taken of: <input type="checkbox"/> Victim Injuries <input type="checkbox"/> Suspect Injuries <input type="checkbox"/> Scene <input type="checkbox"/> Damaged Property <input type="checkbox"/> Other:	Other evidence collected? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, describe: _____
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Results of investigation and basis of action taken. (Were excited utterances, spontaneous admissions or spontaneous statements made?) <input type="checkbox"/> Yes <input type="checkbox"/> No (Complete 710.30 or other form when applicable).

SEE DET NARRATIVE

Any Guns in House? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any Guns Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Household Member Has Pistol Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Permit # (s): _____	Issuing County: _____	Name on Permit(s): _____	

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment, or endangerment? <input type="checkbox"/> Yes <input type="checkbox"/> No
F YES, officer must contact the NYS CHILD ABUSE HOTLINE REGISTRY # 1-800-635-1522

SUSPECT ON PAROLE OR PROBATION?	CONTACTS INITIATED BY POLICE: <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Child Protective Services (or ACS) <input type="checkbox"/> Other Agency:
<input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	

Officer's Signature (& Rank) <i>Officer's Signature</i>	PRINT and SIGN ID # <i>9884</i>	Month <i>Jul</i>	Day <i>17</i>	Year <i>15</i>	Page <i>7</i>
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New Rochelle Police Department
Detective's Supplemental Narrative Report

Case No.: NR-CR-03091-13

Case Date: 7/17/2013

Event No.: NR-EV-35078-13

Reviewing Officer: POLICE OFF CASTIGLIA, ADAM

Review Date: 07/17/2013

Shield No.: 1115

Serial No.: 9884

Review Subject:

At 0800hrs PO Siller and I responded on a verbal dispute. Upon arrival P1/ stated she is having a verbal dispute with her brother P2/ over ownership of a vehicle. P1/ stated the car was willed to her by their mother after she passed away in June 2013. P1/ provided notarized documentation clearly indicating that she is now the person responsible of the vehicle NY-DAW8788. It should also be noted that P1/ also had the vehicle's keys, registration and title in her possession, vehicle was valid. P1/ stated she is unaware where the license plates for the vehicle are. P2/ claims he has no information on the whereabouts of the license plates. P1/ was provided with an MV78-b should the license plates remain missing. ROs responded with P1/ and P2/ to the private parking lot of 122 Union Ave. RO observed that P2/ had placed and illegal boot on vehicle/NY-DAW8788. RO advised P2/ to remove the boot from the vehicle as P2/ did not have the authority to boot any vehicles in this lot. It should be noted that this parking lot was clearly marked by a sign indicating it was the responsibility of SafeWay Towing to enforce any type of booting or towing activity at this parking lot. Both parties left the area without further incident both were advised to address the matter in civil court. (VAC issued, HQ advised)

Status:	Signature of Reporting Officer:	Signature of Supervising Officer:
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Civilian Complaint Form (CO3)

Reporte De Quejas Civiles

Complaint No/
Nº. de Queja o Reclamo
LEAVE BLANK /Deje el espacio en blanco

35078-13

New Rochelle Police Department
475 North Avenue New, Rochelle NY 10801

Please deliver in person or mail completed form to: INTERNAL AFFAIRS UNIT at the above address. Please make a copy for your records. Por Favor de entregar este formulario al cuartel en persona, o de enviarlo a: INTERNAL AFFAIRS UNIT, a la dirección mencionada arriba. Por favor, haga una copia para sus archivos.

Date and Time Reported (DD/MM/YYYY, HRS) Hora y fecha del reporte	Date and Time of Incident (DD/MM/YYYY, HRS) Hora y fecha del incidente	Location of Incident Lugar del incidente
07-17-2013 10:37 AM	07-17-2013 8AM-845 AM	122 Union Ave New Rochelle N.Y. 10801

Complainant's Last Name Apellido del reclamante	First Name Primer Nombre	Date of Birth (DD/MM/YYYY) Fecha de Nacimiento	Race Raza
Williams	Angelo	08-27-64	BLACK
Mailing Address/ Apartment or floor Direccion Postal /Apt. o Piso	City, State, Zip Code Ciudad, Estado	Day Phone Tel. Diá	Evening Phone Tel. Noche
22 Union Ave New Rochelle NY	108d New Rochelle NY	914 563 6789	
Witness's Last Name Apellido del testigo(s)	First Name Primer Nombre	Age Edad	Mailing Address/ Apartment or floor Direccion Postal /Apt. o Piso
			Day Phone/ Evening Phone Tel. Dia/ Tel. Noche

Time and Date of Occurrence/ Hora y fecha del incidente	Location/ Lugar
075441S 17 Jul 13	122 Union Ave

Name of Police department Member(s) involved- if unknown, provide description. Nombre del policia(s)- si lo desconoce, proveer descripción	Shield # Número de placa	Division/ División
PO Adam Castiglia	1115	PSD
PO Edward Siffen	1175	PSD

Nature of Complaint/ Tipo de querella/ Queja:		
<input type="checkbox"/> Arrest/ Arresto	<input checked="" type="checkbox"/> Other Complaint/ Otro tipo de reclamo/ Queja	<input type="checkbox"/> Sexual Harassment/ Acoso Sexual
<input type="checkbox"/> Detention/ Detención	<input type="checkbox"/> Search of Property/ Allanamiento de propiedad	<input type="checkbox"/> Theft by Officer/ Robo por un Policia(s)
<input type="checkbox"/> Excessive Force/ Uso de fuerza excesiva	<input type="checkbox"/> Property Lost by Officer/ Propiedad perdida por policia(s)	<input type="checkbox"/> Search of Person/ Cateo (Registro) de su persona
<input type="checkbox"/> Hate or Bias/ incidente basado en odio o prejuicio	<input type="checkbox"/> Racial Profiling/ Descripción	<input type="checkbox"/> Verbal Abuse/ Abuso verbal
Details of Complaint (Use reverse side of paper if more space is required/ Provea los detalles de reclamo/ Queja. (Si necesita más espacio usar la parte de atras de este formulario)		

Complainant's Signature/ Firma del reclamante	Date/ Fecha	Police officer Receiving Complaint Form/ Agente de policía recibiendo esta información
Angelo Williams	07-17-2013	8/17/2013 Mon 11:45

Today Wednesday, July 17, 2013 Approx about 8:00 O'clock New Rochelle police was call to 99 Union Ave to handle a dispute attain to my late mother car that was park in a private lot. The car is register and insure under my late mother Alice Williams. The Car was left in possession of the young son Kevin Williams. My sister Felicia come to New York and call New Rochelle Police to tell them that car belong to her and that she wants to know where the plates for the car. She has no title for the car and I was telling the officers that I don't know anything about the car belonging to her. The car either belongs to my brother Kevin or all of us. None of us has seen anything stating otherwise. I told the officer that I was going file the death certificate with the court in White Plains to let the judge figure it out. The two officer decide to let my sister Felicia drive the car without no valid license plate. This is reason why I'm filing a report against the two New Rochelle Police officers. A. W

Angelo Williams

Angelo Williams

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